MISSOURI VOCATIONAL ENTERPRISES JOB NO. ORDER ACKNOWLEDGEMENT P.O. NO. :____ DATE: CUSTOMER: SHIP TO: ADDRESS ::_____ ADDRESS :____ CITY,ST,ZIP : _____ DEPT. HEAD : _____ PHONE #: VERBAL ____ TELEPHONE ____ EMPLOYEE SALE ____ SALESPERSON: ITEM CATALOG # ARTICLES OR SERVICES COLOR QTY. UNIT UNIT OF TOTAL MEASURE PRICE PRICE TOTAL FILE# _____ DISTRIBUTION COMMENTS: